ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM DOCUMENT # P04000103811 **Secretary of State** 1. Entity Name ELLWOOD, INCORPORATED Principal Place of Business Mailing Address 7200 S. US HIGHWAY ONE 7200 S. US HIGHWAY ONE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 No Chg-P CR2E034 (11/05) 02152006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1734107 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLWOOD, ERIC DO NOT WRITE 7200 S. US HIGHWAY ONE PORT ST. LUCIE, FL 34952 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150,00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE ELLWOOD, ERIC NAME STREET ADDRESS 7200 S. US HIGHWAY ONE CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TITLE NAME 11/10/00/0472704 STREET ADDRESS 03/30/06-80004-019 150.60 น้ำY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attamment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR